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PTO/SB/05 (03-01)  
Approved for use through 10/31/2002. OMB 0651-0032  
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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<b>UTILITY PATENT APPLICATION TRANSMITTAL</b> (Only for new nonprovisional applications under 37 CFR 1.53(b))	<b>Attorney Docket No.</b>	BP0207-US 2
	<b>First Inventor</b>	Pappin et al.
	<b>Title</b>	Methods And Mixtures Pertaining To Analyte Determination Using Electrophilic Labeling Reagents
	<b>Express Mail Label No.</b>	ET925898368US

<b>APPLICATION ELEMENTS</b> See MPEP chapter 600 concerning utility patent application contents.	<b>ADDRESS TO:</b> Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450
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1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original, and a duplicate for fee processing)
2. ☐ Applicant claims small entity status.  
See 37 CFR 1.27.
3. ☒ Specification [Total Pages 84]  
(preferred arrangement set forth below)
  - Descriptive Title of the Invention
  - Cross References to Related Applications
  - Field of the Invention
  - Brief Description of the Drawings
  - Introduction
  - Definitions
  - General
  - Description of Various Embodiments of the Invention
  - Examples
  - Claims
  - Abstract of the Disclosure
4. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets 13]
5. Oath or Declaration [Total Pages     ]
  - a. ☐ Newly executed (original or copy)
  - b. ☐ Copy from a prior application (37 C.F.R. § 1.63(d))  
(for continuation/divisional with Box 18 completed)
    - i. ☐ **DELETION OF INVENTOR(S)**  
Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).
6. ☐ Application Data Sheet. See 37 CFR 1.76.

7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
  - a. ☐ Computer Readable Copy (CRF)
  - b. Specification Sequence Listing on:
    - i. ☐ CD-ROM or CD-R (2 copies); or
    - ii. ☐ paper
  - c. ☐ Statement verifying identity of above copies

#### ACCOMPANYING APPLICATION PARTS

9. ☐ Assignment Papers (cover sheet & document(s))
10. ☐ 37 C.F.R. §3.73(b) Statement ☐ Power of Attorney  
(when there is an assignee)
11. ☐ English Translation Document (if applicable)
12. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
13. ☐ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
15. ☐ Certified copy of Priority Document(s) (if foreign priority is claimed)
16. ☐ Certified Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
17. ☐ Other: \_\_\_\_\_

18. If a **CONTINUING APPLICATION**, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.: \_\_\_\_/\_\_\_\_ filed \_\_\_\_\_

Prior application information:

Examiner: \_\_\_\_\_

Group Art Unit: \_\_\_\_\_

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

#### 19. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label	<b>23544</b>	or <input type="checkbox"/> Correspondence address below
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Name	Applied Biosystems				
Address	15 DeAngelo Drive				
City	Bedford	State	Massachusetts	Zip Code	01730
Country	US	Telephone	781-280-0804	Fax	781-280-2940

Name (Print/Type)	Brian D. Gildea	Registration No. (Attorney/Agent)	39,995
Signature		Date	1/27/04

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.  
BP0207US-2 Utility Patent App. Transmittal

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PTO/SB/17 (11-00)  
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U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

# FEE TRANSMITTAL for FY 2004

Patent fees are subject to annual revision.

## Complete if Known

TOTAL AMOUNT OF PAYMENT (\$ 2462.00)

Application Number to be assigned  
Filing Date January 27, 2004  
First Named Inventor Pappin et al.  
Examiner Name to be assigned  
Group Art Unit to be assigned  
Attorney Docket No. BP0207-US 2

### METHOD OF PAYMENT (check one)

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any overpayment to:

Deposit Account Number 02-3240  
Deposit Account Name Applied Biosystems

- ☒ Charge any Additional Fee Required Under 37 CFR 1.16 and 1.17  
☐ Applicant claims small entity status. See 37 CFR 1.27

2. ☐ Payment Enclosed:  
☐ Check ☐ Credit card ☐ Money ☐ Other Order

### FEE CALCULATION

#### 1. BASIC FILING FEE

Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1001	2001	770	385	Utility filing fee	770
1002	2002	340	170	Design filing fee	
1003	2003	530	265	Plant filing fee	
1004	2004	770	385	Reissue filing fee	
1005	2005	160	80	Provisional filing fee	

SUBTOTAL (1) (\$ 770.00)

#### 2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
114	94	18	1692
Independent Claims	2	86	0
Multiple Dependent			0

\*\*or number previously paid, if greater; For Reissues, see below

Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description
1202	2202	18	9	Claims in excess of 20
1201	2201	86	43	Independent claims in excess of 3
1203	2203	290	145	Multiple dependent claim, if not paid
1204	2204	86	43	** Reissue independent claims over original patent
1205	2205	18	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ 1692.00)

### FEE CALCULATION (continued)

#### 3. ADDITIONAL FEES

Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1051	2051	130 65	
1052	2052	50 25	
1053	1053	130 130	
1812	1812	2520 2520	
1804	1804	920* 920*	
1805	1805	1840* 1840*	
1251	110	2251 55	
1252	420	2252 210	
1253	950	2253 475	
1254	1480	2254 740	
1255	2010	2255 1005	
1401	330	2401 165	
1402	330	2402 165	
1403	290	2403 145	
1451	1510	1451 1510	
1452	110	2452 55	
1453	1330	2453 665	
1501	1330	2501 665	
1502	480	2502 240	
1503	640	2503 320	
1460	130	1460 130	
1807	50	1807 50	
1806	180	1806 180	
8021	40	8021 40	
1809	770	2809 385	
1810	770	2810 385	
1801	770	2801 385	
1802	900	1802 900	

Other fee (specify) \_\_\_\_\_

\* Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 2462.00)

### SUBMITTED BY

Name (Print/Type) Brian D. Gildea

Registration No. 39,995  
(Attorney/Agent)

Signature

*Brian D. Gildea*

### Complete (if applicable)

Telephone 781-280-2824

Date

January 27, 2004

### WARNING:

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